

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890319

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5	1					
6		1				
7		2				
8		3				
9		4				
10		5				
11	1					
12		1				
13		2				
14		3				
15		4				
16		5				
17	1					
18	1					
19		2				
20		3				
21		4				
22		5				
23	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	27					
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY